## **Application Form For Tata Mutual Fund**

1. Advisor / Distributor Information

for purchase in \_.

Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001

## TATA mutual fund

\_Subject to verification and realisation.

Refer Sec. B

ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

ARN / RIA ^ C <u>ode</u> 115899		Sub-Broker ARN Code		Sub-	Sub-Broker / Bank Branch Code			EUIN Code E172646		
Internal Code	OR Declaration for "execution-only" transaction – I/We hereby confirm that the EUIN be without any interaction or advice by the employee/relationship manager/sales person provided by the employee/relationship manager/sales person of the distributor and the				nanager/sales person of the distributor and the o	f the above distribu Histributor has not c	itor or notwithstanding the charged any advisory fees o	advice of in-ap n this transaction	opropriateness, if any, on.	
In case the subscription amother than First time mutual commission shall be paid dir ^ By mentioning RIA code, I	ount is ₹ 10,000 of fund investor) w ectly by the inves ⁄ we authorize yo	or more and y ill be deducte tor to the AM u to share wi	your Distributor has op ed from the subscription FI registered Distributo th the SEBI Registered I	oted to receive trai on amount and pai ors based on the inv Investment Advise	nsaction charges, ₹ d to the distributor vestors' assessment r (RIA) the details of	150/- (for First Units will be is of various facto my / our trans	time mutual fund invessed against the bala ors including the servic actions in the schemes	estor) or ₹ 1 nce amount ce rendered   s(s) of Tata	00/- (for investor invested. Upfront by the distributor. Mutual Fund	
Sole / 1 <sup>st</sup> Appl Thumb I	icant Signature Impression			Applicant Signa Thumb Impress			3 <sup>rd</sup> Applicant Thumb Im			
2. Applicant's In	formation	1						Refe	er Sec. A, C & J	
I <sup>st</sup> Applicant's Det	with 1st applica under the US S mention the C	ant as a mino Securities Act	s should be as mention or. Any applicants sho t of 1933 and corpora ase C-KYC No. is not	uld not be a resid itions or other en	lent of Canada or a tities organised un	person who fa der the laws of	alls within the definiti f the U.S. For Investor YC) form attached her	on of the te rs New to Ta	erm "U.S. Person"	
The first applicant >> will be the primary holder and all		s. M/s.	PAN / PEKRN		C-KYC					
correspondence will be sent to him/her. Only the first holder can be a minor.	Name	Name								
Existing Investors may mention the Folio no. and proceed to Sec. 4. Investors to ensure	Date of Birth		Y   Y   Y   Y	In case of I	Minor: Proof of D	OOB: Birth o		ool leaving ers	certificate	
that PAN is linked to Aadhaar.	Mobile No.				Mobile belongs to Self Parent Spouse Child					
	☐ I hereby a	☐ I hereby authorize TAMPL/ TMF to send important information and transaction updat								
Contact Person - Design	nation (Non In	dividual In	vestors) / Power (	of Attorney (PC	OA) / Proprietor	/ Guardian	details (minor app	olicant)		
POA / Proprietor / Guardian Details		tion (Non Individual Investors) / Power of Attorney (POA) / Proprietor / Guard  Mr. Ms.								
	Name									
For Non Individual »	Entity Identif	ier (LEI) Nur	mber Mandatory fo	r Transaction Va	alue of INR 50 cr	ore and abov	e			
To be filled by » Guardian	☐ Mother ☐		nor Applicant Legal Guardian	☐ Birth certif				Others .		
	Mobile No.			Date of Birth						
Tax Status										
	Resident Individual Sole Proprietorship Body Corporate  NRI-Repatriation Hindu Undivided Family Limited Liability Partr  NRI-Non-Repatriation Partnership Body of Individuals  Minor - Resident Individual Company Society / Club  Minor - NRI Trust Non Profit Organizati  Person of Indian Origin Others (please specify)				ability Partner dividuals Club Organization	☐ Qualified Foreign Investor ☐ Foreign Portfolio Investor ☐ Foreign Institutional Investor				
3. Contact Detai	ls								Refer Sec. D	
Mailing address is » required for initial communication. We										
will overwrite this address with the 1st Applicants address as per the KRA records							City			
	PIN			State	ate			Country		
	Residence Phone (prefix STD Code) Office Phone (prefi				(prefix STD Cod	x STD Code)				
	Email						Extn  Email belongs to Self Parent			
	For investors who do not have email address on record: I/We wish to receive physical copy of the scheme-wise annual report or abridged sun							Spouse Yes	☐ Child	
TATA mutual fund			Acknov	vledgement Slip						
Received from Mr /Ms /M/s					PΔN		₹			

Overseas address									
Mandatory for Non- Resident Individuals and Overseas Investors in addition									
to the mailing address.		City							
	State	ZIP Code	Country						
4. Investment In	strument Details	'	Refer Sec.						
The name of the » first applicant	Gross Amount (₹) (A)	DD Charges (₹) (if any)	Net Amount (₹) (Cheque / DD Amount) (A - B)						
should be available on the investment									
Cheque.	Account Number	Dated							
Cheque/ DD to be drawn in favour									
of 'Name of the Scheme'	Drawn on Bank	Cheque / DD No.							
	Branch	Branch City							
5. Investment Sc	heme Details		Refer Sec. F & Product Label						
			110/01/2001 / 01/10/01/01 24/20						
Scheme Name »									
Plan (select any one) **	Regular Direct								
Option »									
Sub Option »									
Div. Payout Option (select any one)									
	IDCW - Income Distribution cum Capital Withdrawal.								
6. Bank Account	Details		Refer Sec. (						
	The bank account details provided below we proceeds and IDCW payouts (if applicable).		s default bank mandate to pay redemption						
This must be an Indian account. The 1st applicant should	Bank Name	Branch							
be a holder in this account.	Account number	A/C type Savings Current NRO							
		□ NRNR □ NRE							
	MICR	IFSC for NEFT							
	Address								
	City	PIN	State						
Cheque Details Cheque/DD No	dated A/c. No	Bank	Acknowledgement Slip						

7. Joint Applican	t's Detail	ls						Refer Sec. H & I	
Mode of Holding	Single		□ Joint	Any one or Survivor (D	efault)				
II <sup>nd</sup> Applicant's Detail	ls					Investors	to ensure that PAN is li	nked to Aadhaar.	
☐ Mr. ☐ Ms.			Status		PAN / PEKRN				
				Resident Individual	NRI				
Name									
Mobile No. Mobile belongs to			ngs to	Date of Birth C-KYC					
		Self Spouse	☐ Parent ☐ Child		YY				
IIIrd Applicant's Detai	ls					Investors	to ensure that PAN is li	nked to Aadhaar.	
☐ Mr. ☐ Ms.				Status PAN / PEK			(RN		
Name				Resident maividual	IVINI				
Mahila Na		Mahila hala	nas ta	Data of Birth		C KYC			
Mobile No.		Mobile belo Self Spouse	Parent  Child	Date of Birth					
8. Know Your Cu	ıstomer (	KYC) De	tails	1				Refer Sec. J	
CATEGORIES	FIRST APF	PLICANT (Inc	luding Minor)	SECOND APPLICAN	T / GUAF	RDIAN	THIRD APPLICANT		
Occupation »	☐ Public Sec ☐ Governme ☐ Profession ☐ Housewife	tor Service ent Sector nal	Retired Business Agriculturist Forex Dealer Student	Private Sector Service Public Sector Service Government Sector Professional Housewife Others (please specify	☐ Busir ☐ Agric ☐ Forex ☐ Stude	iess Julturist CDealer	Private Sector Service Public Sector Service Government Sector Professional Housewife Others (please specify)	Retired Business Agriculturist Forex Dealer Student	
Gross Annual Income »	□ 5-10 Lacs □ >25 Lacs- Networth in	1 crore (Mandatory fo	☐ 1-5 Lacs ☐ 10-25 Lacs ☐ >1 crore r Non-individual) as on			5 Lacs rore as	□ Below 1 Lac □ 5-10 Lacs □ >25 Lacs-1 crore Networth in ₹		
	(not older than		YYY	on DD/MM. (not older than 1 year)	/	YY	(not older than 1 year)	Y Y Y Y	
Others »			Not Applicable Politically Exposed Person Related to Politically Exposed Person			Not Applicable Politically Exposed Person Related to Politically Exposed Person			
Additional KYC De	tails for N	lon - Indi	viduals						
For Non Individuals » only (Companies, Trust, Partnership etc.)	(if No, mand Non Individu Foreign Ex	atory to attac al investors i	th the UBO declara nvolved/providing ney Changer Servic	g any of the mentioned se	rvices g / Lottery			□ No	
9. Foreign Accou	nt Tax C	omplian	ce Act (FAT	CA) & CRS Detai	ls			Refer Sec. K	
For Individuals	FIRST API	PLICANT (inc	luding Minor)	SECOND APPLICANT / GUARDIAN		THIRD APPLICANT			
Country of Birth »									
Place of Birth $\gg$									
$Nationality \gg$		ase specify) _	☐ U. S.	☐ Indian ☐ Others (Please specify)	☐ U. S.	[	Indian Others (Please specify)	☐ U. S.	
Type of address given at KRA $\gg$	Residentia Registered	l or Business l Office	Residential Business	Residential or Business Registered Office	Resid		Residential or Business Registered Office	Residential Business	
Are you also a resident in >> any other country(ies) for tax purposes?	☐ No  If yes, compl	ete section be	Yes	□ No	☐ Yes		□ No	Yes	
Country of Tax Residency 1 >>									
Tax Identification Number 1 $\gg$									
Identification Type 1 $\gg$									
If TIN is not available please >> tick the reason A, B or C *	Reason 🗌	A 🗌 B	С	Reason A B	С	1	Reason 🗌 A 🔲 B	□с	
Country of Tax Residency $2 \gg$									
Tax Identification Number 2 $\gg$									
Identification Type 2 $\gg$									
If TIN is not available please >> tick the reason A, B or C *	Reason	A 🗌 B	С	Reason	С		Reason 🗌 A 🔲 B	С	

<sup>\*</sup> Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents; Reason B: No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others- Please state the reasons thereof FATCA & CRS Related Details for Non Individuals: Please submit Form W8 BEN-E / Specified declaration (Enclosed)

10 Nomination Details

10. Nomination	Details		Refer Sec. L						
Mandatory for Individual(s) applying singly or jointly.	You can nominate up to 3 persons to receive the Units allotted to you made to such Nominee(s) and Signature of the Nominee(s) acknowled Register nomination as below								
Select any one >		_ 1 do not wish to hominate.							
1 <sup>st</sup> Nominee	Nominee Name								
	Relationship with Nominee		Date of Birth						
	Address	City							
	State	Country							
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian						
2 <sup>nd</sup> Nominee	Nominee Name								
	Relationship with Nominee	Date of Birth   D   D   / M   M   /   Y   Y   Y   Y							
	Address		City						
	State	PIN	Country						
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian						
3 <sup>rd</sup> Nominee	Nominee Name								
	Relationship with Nominee	Date of Birth							
	Address		City						
	State	Country							
	Guardian Name in case of Minor	Signature of Nominee / Guardian							
	1 <sup>st</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression							
11. Demat Acco	unt Details		Refer Sec. M						
Ensure that the	Fill these details only if you wish to have your unit	ts in Demat mode.							
sequence of names as mentioned in the application form	Depository participant Name								
matches with that of the account held with the Depository Participant.	Central Depository Securities Limited Target ID No.	National Securities Depository Limited DP ID No.							
In case the details are found to be incorrect,			I N Beneficiary Account No.						
Units will be allotted in physical mode.									
12. Declaration	and Signatures		Refer Sec. N						
	ng capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/ d hereby agree to comply with the terms and conditions of the scheme related documents :								
(2) I/We am/are eligible Investor(s) any act, rules, regulations, notif	as per the scheme related documents and am/are authorised to make this investment. The ications or directions issued by any regulatory authority in India.	e amount invested in the Scheme(s) is through legitimate	sources only and is not for the purpose of contravention and/or evasion of						
Fund/Registrars and Transfer Ag (4) That in the event, the above info	this application form is true and correct and further agree to furnish such other further/add gent (RTA) in writing about any change in the information furnished from time to time. ormation and/or any part of it is/are found to be false/untrue/misleading, I/We will be liab	le for the consequences arising therefrom.	•						
Company, its employees, agents Intelligence Unit-India (FIU-IND)	isclose, share, remit in any form/manner/mode the above information and/or any part of s and third party service providers, SEBI registered intermediaries for single updation/ subm etc without any intimation/advice to me/us. I/We hereby authorize you to share the accoun MC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, to	nission, any Indian or foreign statutory, regulatory, judici it statement of the folio with the distributor /broker / ad	al, quasi-judicial authorities/agencies including but not limited to Financial						
(7) The ARN holder (AMFI registere Scheme is being recommended	d Distributor) has disclosed to me/us all the commissions (in the form of trail commission	n or any other mode), payable to him/them for the diffe	rent competing Schemes of various Mutual Funds from amongst which the						
<ul> <li>(9) I / We agree that the unit balance</li> <li>(10) For Foreign Nationals Resident i of change in residential status.</li> </ul>	ce(s) reflecting in the account statement is subject to realisation of Cheque accompanying ti n India only: I/We will redeem my/our entire investment/s before I/We change my/our India	he purchase request, PAN validation and KYC compliance							
	onfirm that my application is in compliance with applicable Indian and Foreign laws. sent to TATA AMC for receiving the promotional information/ material via email, SMS, telem	narketing calls, etc. on the mobile number and email pro	vided by me/us in this Application Form.  Date:						